

Take The Fremont Family Dentistry Smile Assessment

	YES	NO
Are you comfortable showing your teeth when you smile?	<input type="checkbox"/>	<input type="checkbox"/>
Are you happy with the appearance of your teeth?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have unsightly crowns or fillings?	<input type="checkbox"/>	<input type="checkbox"/>
Are you gums or teeth sensitive?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel your teeth are too long?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel your teeth are too short?	<input type="checkbox"/>	<input type="checkbox"/>
Do you like the color of your teeth?	<input type="checkbox"/>	<input type="checkbox"/>
Are you missing teeth?	<input type="checkbox"/>	<input type="checkbox"/>
Are you interested in improving the appearance of your teeth?	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with the benefits of dental implants?	<input type="checkbox"/>	<input type="checkbox"/>
Are your gums receding?	<input type="checkbox"/>	<input type="checkbox"/>
Are you anxious or fearful of treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Are you happy with the alignment of your teeth?	<input type="checkbox"/>	<input type="checkbox"/>
Is fear holding you back from your perfect smile?	<input type="checkbox"/>	<input type="checkbox"/>
Is lack of time holding you back from your perfect smile?	<input type="checkbox"/>	<input type="checkbox"/>
Is cost holding you back from your perfect smile?	<input type="checkbox"/>	<input type="checkbox"/>
Is there something else holding you back from your perfect smile not listed?	<input type="checkbox"/>	<input type="checkbox"/>

Please feel free to explain any of your answers:
